U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name Suzanne

1. File Number U - 15063

3. Name and address of person filing.

Mode

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Office & Professional Employees Union Local 8

4. Name, file number, and address of labor organization.

P.O. Box, Bidg., Room No., if any # 304 Street 2800 First Avenue City Seattle State Washington ZiP Code + 4 98121 State Washington ZiP Code + 4 98121 State Washington ZiP Code + 4 98121 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZiP Code + 4 7. B. Amount. Signature 15. Signature and verification. The undersigned doclaros, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowlodge and bolief, true, corect, and complete. (See the section on penalties in the instructions). Signed On 8/12/2005 1-800-600-2433 ext. 101 Telephone Number			Labor	Organization File Nu	лтрег	0267/2	
City Seattle State Washington ZIP Code + 4 98121 State Washington ZIP Code + 4 98121 5. Position in labor organization. Business Manager Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg, Room No., if any Signet ZIP Code + 4 15. Signature and verification. The undersigned doclares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8/12/2005 1-800-600-2433 ext. 101 Date Telephone Number	P.O. Box,	, Bldg., Room No., if any # 304	P.O. E	Box, Building and Ro	om Numb	•	
State Washington ZIP Code + 4 98121 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature Signature and verification. The undersigned doctars, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) On 8/12/2005 1-800-600-2433 ext. 101 Date Telephone Number	Street 2	2800 First Avenue	Street	2800 First A	venue		
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Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City Slate ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) On 8/12/2005 1-800-600-2433 ext. 101 Telephone Number							
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P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8/12/2005 1-800-600-2433 ext. 101 Date Telephone Number	Name						
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Date Telephone Number	submitted	d in this report (including the information contained in any accompan	ying docum ection on pe	ents), has been exan nalties in the instruc	nined by t	the law, that all of the information the signatory and is, to the best of the	
Form LM 20 (2002)	Signed	myselle from	On _		1-80		
OUT ENTAU (2003)	Form LM-30	(2003)				Page 1 of 3	

Name of Person Filing Suzanne Mode	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name n/a Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Western States Off. & Prof. Emp. Pension Fund	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Reimbursement of expenses as trustee.				
Trade Name, if any: McMullan & Associates, Inc. P.O. Box, Bldg., Room No., if any P.O. Box 668					
Street City Pleasanton State California ZIP Code + 4 94566	11.b. Approximate dollar value of such dealing. \$1,356 12.a. Nature of interest held or income received. Reimbursement of expenses as trustee.				
	12.b. Amount. \$1,356				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

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Name of Person Filing Suzanne Mode	·	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name n/a Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any Street	c. Employer		
City State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Puget Sound Benefits Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 34203 Street City Seattle	11.a. Nature of such dealing. Reimbursement of expenses as trustee.		
State Washington ZIP Code + 4 98124	11.b. Approximate dollar value of such dealing. \$1,250 12.a. Nature of interest held or income received. Reimbursement of expenses as trustee.		
	12.b. Amount. \$1,250		